

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533903

FILING DATE

11/28/84

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
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9	1		1			
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48						
49						
50						
TOTAL IND.	0		2			
TOTAL DEP.	14	◀	12	◀		◀
TOTAL CLAIMS	16	[REDACTED]	16	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					▼	
TOTAL DEP.					▼	
TOTAL CLAIMS					▼	